

## LABOR STANDARDS INTERVIEW

CONTRACT NUMBER				EMPLOYEE INFORMATION					
NAME OF PRIME CONTRACTOR				LAST NAME		FIRST NAME		MI	
				STREET ADDRESS					
NAME OF EMPLOYER				CITY		STATE		ZIP CODE	
SUPERVISOR'S NAME				WORK CLASSIFICATION		WAGE RATE			
LAST NAME		FIRST NAME							
ACTION								CHECK BELOW	
								YES	NO
Do you work over 8 hours per day?									
Do you work over 40 hours per week?									
Are you paid at least time and a half for overtime hours?									
Are you receiving any cash payments for fringe benefits required by the posted wage determination decision?									
WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?									
HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?				TOOLS YOU USE					
DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD)									
DATE YOU BEGAN WORK ON THIS PROJECT (YYMMDD)									
THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE									
EMPLOYEE'S SIGNATURE								DATE (YYMMDD)	
INTERVIEWER		SIGNATURE			TYPED OR PRINTED NAME			DATE (YYMMDD)	
INTERVIEWER'S COMMENTS									
WORK EMPLOYEE WAS DOING WHEN INTERVIEWED					ACTION (If explanation is needed, use comments section)			YES	NO
					IS EMPLOYEE PROPERLY CLASSIFIED AND PAID?				
					ARE WAGE RATES AND POSTERS DISPLAYED?				
FOR USE BY PAYROLL CHECKER									
IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?									
<input type="checkbox"/> YES <input type="checkbox"/> NO									
COMMENTS									

CHECKER							
LAST NAME		FIRST NAME		MI		JOB TITLE	
SIGNATURE						DATE (YYMMDD)	